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Communications.

A CASE OF INVAGINATION OF THE LARGE INTESTINE—RECOVERY.

Read before the Northern Medical Society of Philadelphia,

BY W. M. WELCH, M.D.,

Of Philadelphia.

Robert P., an infant, aged 7 months, previously healthy, having been somewhat restless and fretful during Friday evening, May 17th, 1878, was seized about midnight with violent pain in the abdomen, and about one hour later with vomiting. On Saturday morning (18th) I found the child suffering from great pain, which was somewhat paroxysmal. There was also vomiting; fever, but not very high; face pale; countenance sunken, and indicative of great distress. There had been this morning a discharge from the bowels, consisting of mucus markedly tinged with blood. I ordered a small dose of castor oil, with a little laudanum, but the stomach did not retain it. In the evening warm water enemata were freely administered, the child being held at the time in a position by which the head and shoulders constituted the most dependent part of the body. With the object of quieting the pain, opium was ordered, in repeated doses.

19th. Pain and vomiting continue; has had a good deal of tenesmus. Since yesterday morning has several times passed mucus, mixed with blood. The infant is very much exhausted, and presents a deathly aspect. Warm water enemata were again freely used; and opium in the form of the deodorized tincture continued.

20th. Although maintained in a half comatose condition by the free use of opium, yet the pains recur paroxysmally, and the vomiting is renewed almost immediately after nursing. There is still an occasional discharge from the bowels, of mucus, tinged with blood. I tried this morning inflation of the intestines with air, but without success.

21st. The pains and the irritability of the stomach continue, though they are less aggravating than formerly. This afternoon had a small fecal passage, which was very offensive and dark in color.

22d. The stomach is less irritable to-day; retains the breast milk, also a little brandy, milk and water. Had a small fecal passage last night, and another this forenoon.

23d. Has had increase of pain since yesterday. Opium administered more freely.

24th. The paroxysms of pain are intense, and are attended by straining and bearing-down efforts. Had this morning another small fecal passage.

25th. The violent tenesmic and bearing-down pains continue. Has had two or three small and offensive fecal passages. The deodorized tincture of opium is still administered freely.

26th. The pains continue to be of the same character. Passed a little fecal matter this morning.

27th. Pains not so severe since twelve o'clock, midnight. Has passed no fecal matter, but has had several watery discharges, containing mucus and traces of blood. Vomiting set in again during last night, and the patient is very much prostrated, has a feeble pulse, great thirst, and a peculiarly anxious and sunken expression of the face. On introducing my finger into the rectum I discover nothing abnormal.

28th. The pain has abated considerably, and vomiting has occurred only a few times since yesterday. The discharges from the bowels continue watery and muculent, and contain only very little fecal matter. The child sleeps the greater part of the time, though the quantity of opium now used is much less than formerly. Takes nourishment (breast milk) quite frequently; also brandy and water.

29th. Is quite comfortable, suffering from pain only when the bowels are moved; has had three or four tolerably free fecal evacuations; vomited quite freely last evening, but not since; nurses freely; has required only two or three two-drop doses of laudanum since yesterday.

30th. Condition about the same as yesterday.

31st. Has had a little increase of pain since last evening; several fecal evacuations and no vomiting. The general appearance of the child has somewhat improved.

June 1st and 2d. Continues in about the same condition; the pains still come and go.

3d. Has had some very severe pain since last evening, and it has been accompanied by very great straining and bearing down efforts. There has been a great deal of rattling of wind in the intestines. Has had several evacuations from the bowels, some of them fecal, and others watery and muculent. The only nourishment the child is allowed to take is breast milk, and this it continues to take freely.

9th. Has been quite comfortable during the last six days, suffering only very little pain, if any. Has had three or four evacuations from the bowels each day, and some of them have been almost natural in appearance. The child is weak and very much emaciated, though he feeds well, and is at times inclined to be playful. The opium has been continued, though in smaller doses, and less frequently repeated.

10th. Child more restless this morning, and seems less disposed to take nourishment, though he does not appear to have much pain. The discharges from the bowels are largely composed of mucus.

11th. There has been no passage from the bowels during the last twenty-four hours, and vomiting has occurred two or three times. There has also been some return of pain. Opium increased.

12th. Has rested tolerably well since yesterday, the pains not being very great and the vomiting having ceased. Takes nourishment more freely; has had two or three movements from the bowels, of the same character as heretofore. There is in the intestines an enormous amount of wind-rattling.

15th. Very little change in the condition of the patient. The use of opium having been suspended for a day or two, the child is now uneasy and fretful, though he does not appear to suffer from very much pain. Takes plenty of nourishment, and a little pepsin is given after feeding.

25th. During the last ten days the general condition of the patient has remained unchanged. Although the pain has not been at all severe, yet frequent straining and bearing-down efforts have been noticed. This morning, after one of these efforts, a portion of the bowel, about three inches in length, was found protruding from the anus. At first sight it was thought that possibly this was simply prolapsus ani, but on introducing my finger alongside of the mass into the rectum, which I could do, I found that this gut, or the lower part of it, at least, was not at all prolapsed. I then introduced the mass within the rectum and pushed it up as far as my finger could reach, but it did not disappear. Warm water, by injection, was then freely used, with the child in the position previously mentioned, and opium, which had been discontinued for some time, was renewed.

30th. During the last five days straining has been a very prominent symptom, and prolapsus of the intestine has occurred nearly every day. The portion of the bowel now protruding is much greater than at first. The evacuations contain some fecal matter, a good deal of mucus, and sometimes a little blood. Again, warm water, by injection, was tried, in vain, to remedy the difficulty. To relieve the pain and straining, and to act as an astringent to the parts, opium and tannin suppositories were tried, but opium (deodorized tincture) by the mouth proves more satisfactory. In order to guard against the prolapsus, a compress is worn over the anus.

July 24th. Since the last record was made the patient's condition has not improved. The invaginated bowel may be felt at any time within the rectum, and very frequently is forced through the relaxed sphincter, in spite of the compress, and made to protrude from the anus to an enormous extent; indeed, as much as ten inches of the bowel has been seen protruding. In appearance it is very much congested, being of a deep red color, or slightly purplish, and when handled stains the hands with blood. It is also very much corrugated or puckered, and, in shape, presents an obtuse angle. The child has by this time grown excessively weak, and is greatly emaciated. In this condition he was to-day sent to the "Children's Seashore House," Atlantic City, in charge of Dr. Wm. H. Bennett.

September 4th. The child was brought home to-day, in a state of perfect health. Dr. Bennett informs me that the general condition of the child remained unchanged for about ten days after admission to the Seashore House. During this time the tenesmus, straining and bearing-down pains continued, and the bowel protruded from the anus several times, and almost always to a very great extent. Dr. Bennett's treatment consisted in replacing the mass and applying a pad to the anus, and another to the left iliac region. He kept the child the greater part of the time under the influence of opium, at first using it in the form of suppositories, but afterward preferring morphia by the mouth, as the suppositories seemed to produce tenesmus and straining. "Other than this," Dr. Bennett says, "the treatment was simply tonic, and I am thoroughly convinced that it was the improvement in the child's general health which led to the permanent cure."

The mother of the child, who is a very intelligent woman, sends me the following statement: "Early on the morning of the 2d of August the bowel came down further than it had ever been, and discharged more blood and matter (mucus) than it had previously done, the discharge continuing all through the day; but after that time there never was the slightest bearing down. During that week the child cut the four upper teeth, took food greedily, besides nursing, and the motions of the bowels become natural. He regained strength daily, and was quite well on our leaving the Seashore House, the first week in September."

Remarks.—Invagination of the small intestines is believed to rarely constitute disease in children under one year of age. Although those accustomed to make post-mortem examinations of infants have frequently found invagination in the jejunum and ileum, yet in all such instances death has resulted from some other disease, and wholly independent of any symptom of disorder of the bowels during the lifetime of the patient. It is, therefore, believed that this is a simple form of invagination, being produced and restored again without any suffering on the part of the infant; or else, that it frequently occurs during the act of dissolution. In children over two years of age fatal cases of this form of the disease have occurred, though not very frequently.

The two forms of invagination which constitute the vast majority of cases in children are, first, that in which the ileum passes through the ileo-cæcal valve, inverting and drawing down with it the cæcum and colon; and, second, that in which the cæcum is primarily inverted, and descends into the colon, inverting the latter, and drawing after it the ileum. A few cases of invagination of the colon alone are found on record. The above case is believed to be an example of that form of the disease.

The diagnosis of invagination in infants is usually not very difficult. The disease is indicated by obstinate constipation, vomiting, paroxysmal pains, tenesmus, straining, scanty passages of mucus or blood, or a mixture of both, and sometimes by the presence of the invaginated bowel in the rectum. But to make a differential diagnosis between the different forms of the complaint is often a matter of very great difficulty. In either of the two common forms of the disease already referred to, if the inverted intestine should descend through the whole length of the colon and rectum, and protrude from the anus, the gut would most likely become strangulated and impervious. Because, therefore, in the above case the gut did not become strangulated, but remained more or less pervious from the beginning to the end, except, perhaps, during the first three days of the attack, is one reason why I believe the disease to have been located in the large intestine.

In infants, invagination of the intestines, other than the simple form referred to, commonly proves fatal. But while death is the common result, yet there are two modes worth considering, by which life is sometimes preserved. One is reduction of the incarcerated bowel, which is followed by immediate relief. When the colon is the seat of the disease, there can be no doubt, I think, that reduction sometimes takes place through the unaided vermicular movements of the intestine. The foregoing case is certainly an example of recovery by this mode. Reduction, also, is sometimes brought about by mechanical means; such as the employment of water by injection, and air by inflation. Although both of these agents were employed in my case, and failed, yet I must confess that while the enemata were freely used, the inflation of the intestines with air was, perhaps, not as thoroughly done as it should have been, since I used for the purpose, not a bellows, but a Wattson's syringe. The other mode by which recovery sometimes takes place, though, doubtless, very rarely in infants, is sloughing of the incarcerated portion of the intestine, and its expulsion from the anus. In the two most common forms of invagination in infants, and especially when so extensive that the volvulus reaches to the anus, recovery by the

reduction of the displaced intestine is, I believe, a result quite impossible; so that, in such cases, if recovery takes place at all, it must almost of necessity be by the process of sloughing. Therefore, the mode of recovery of the above case being by reduction, and not by sloughing, of the bowel, is another reason why I believe the disease to have been located in the large intestine.

In conclusion, I have to thank Dr. Leaman for his kindness in having visited the patient with me, and also for some valuable suggestions.

THE FRACTURED SKULL OF A SUICIDE.

BY JARVIS S. WIGHT, M.D.,

Professor of Surgery at the Long Island College Hospital, Brooklyn, N. Y.

An unknown man, who died by his own hand, after being investigated by the Coroner and his jury, was brought to the Long Island College Hospital for dissection. He shot himself in the right side of the head, about midway between the eye and the ear. The skull of this suicide was on its way from the dissecting table to the field of the unknown dead, when the janitor, knowing my fondness for such specimens, stopped it in its journey and put it in my hands. This skull has points of practical and scientific interest, and I now propose to describe these points. The practical points come first, namely:

1. A lead ball, weighing forty-two grains, was found inside the skull, in the midst of decomposing brain substance. This ball was flattened and abraded on one side, and somewhat misshapen on the other side. The muzzle of the pistol which drove this ball into the suicide's head must have been very near the place of entrance. The effects were considerable and somewhat surprising, and may be enumerated as follows, namely:

2. Just above the right zygomatic arch an opening was made in the sphenoid and temporal bones. This opening was narrower in the middle than at either end. It was two inches long antero-posteriorly, and about one inch wide vertically.

3. The zygomatic arch was broken about its middle, and the superior maxillary bone was broken nearly through into the orbit, about half way between the alveolar process and the malar bone.

4. At the posterior extremity of the opening made by the ball, and about one inch above the external meatus, began a fracture of the skull, extending obliquely and irregularly backward and upward, nearly eight and one-half inches; the limit of the fracture was about three inches above and about one and one-half inches back of the left external meatus.

5. About four inches from the opening made by the ball, and one inch from the midline of the skull, the above noted fracture has a branch fracture running obliquely upward about three inches, to the midline of the skull.

6. At the upper angle of the anterior extremity of the opening made by the ball, and about one inch above the supra-orbital ridge, began a fracture, extending obliquely and irregularly upward and forward, across the frontal bone, about six inches. The limit of this fracture was four inches above and two inches in front of the left external meatus.

7. About three inches from the opening made by the ball, and three-fourths of an inch from the midline of the skull, the above noted fracture had a branch fracture running nearly directly upward and backward, two and one-half inches, to the coronal suture.

8. The two principal fractures went around the skull, leaving three and one-half inches of unbroken bone on the left side.

9. The two branch fractures left only two inches of unseparated bone on the top of the skull. The posterior branch fracture went into the saggittal suture, and the anterior branch fracture went into the coronal suture.

10. From the opening made by the ball the sphenoid bone was broken through irregularly, between the foramen rotundum and the foramen ovale, into the foramen lacrum medium.

11. More than one-half inch square of the posterior part of the external wall of the right orbit was broken out.

12. The basilar process and the condyles of the occipital bone were also broken out.

13. A fracture two inches long began at the posterior side of the foramen magnum and ran outward about one inch behind the right mastoid process.

14. On the left side a fracture extended from the foramen lacrum medium, directly across the glenoid fossa, into the external meatus.

15. From the left external meatus a fracture with two short branches extended upward and backward about one inch.

16. From the left external meatus a fracture extended forward and upward nearly five inches. The limit of this fracture was one inch above the left supra-orbital ridge, and seven-eighths of an inch below the main anterior fracture of the opposite side.

17. This suicide came near breaking his skull into three pieces by means of a pistol ball

weighing forty-two grains; showing the enormous energy of a pistol ball at a very short range, and, perhaps, the brittleness of an individual skull.

18. There were also a number of small pieces of this much broken skull.

19. It is possible that some of the injury to this skull was caused by the fall of the suicide after the ball penetrated his head.

And in the second place come the scientific points, namely:—

1. The base line measured five and one-eighth inches.

2. The transverse diameter measured five and sixth-eighths inches.

3. The antero-posterior diameter measured seven inches.

4. The circumference measured twenty and four-eighths inches.

5. The anterior arch measured twelve and one-half inches.

6. The frontal arch measured thirteen and one-half inches.

7. The middle arch measured fourteen inches.

8. The superior arch measured also fourteen inches.

9. The posterior arch measured eight and two eighths inches.

10. The masto-frontal angle measured about 70°.

11. This skull was so broken as to make it impossible to measure its cubic capacity.

It may be interesting to compare the dimensions of the skull of this suicide with the average dimensions of twenty-one Caucasian skulls, in the following table:—

Dimensions.	Average of 21 Caucasian Skulls.	Skull of a Suicide.	Difference.
Base line.....	4.843 in.	5.125 in.	$\frac{28}{100}$ in.
Transverse diameter.....	5.6 in.	5.75 in.	$\frac{15}{100}$ in.
Antero-posterior diameter.....	7.184 in.	7 in.	$\frac{18}{100}$ in.
Circumference.....	20.43 in.	20.50 in.	$\frac{7}{100}$ in.
Anterior arch.....	12.625 in.	12.50 in.	$\frac{12}{100}$ in.
Frontal arch.....	13.488 in.	13.50 in.	$\frac{12}{100}$ in.
Middle arch.....	13 565 in.	14 in.	$\frac{43}{100}$ in.
Superior arch.....	13.28 in.	14 in.	$\frac{72}{100}$ in.
Posterior arch.....	7.7 in.	8 25 in.	$\frac{55}{100}$ in.
Masto-frontal angle.....	75.5°	70°	5.5°

From the above table may be drawn the following conclusions, namely:—

1. The base line of the skull of a suicide is greater than the average base line of 21 Caucasian skulls, by $\frac{28}{100}$ of an inch.

2. The transverse diameter of the skull of a suicide is greater than the average transverse diameter of 21 Caucasian skulls, by $\frac{15}{100}$ of an inch.

3. The antero-posterior diameter of the skull of a suicide is less than the average antero-posterior diameter of 21 Caucasian skulls, by $\frac{18}{100}$ of an inch.

4. The circumference of the skull of a suicide is greater than the average circumference of 21 Caucasian skulls, by $\frac{7}{100}$ of an inch.

5. The anterior arch of the skull of a suicide is less than the average anterior arch of 21 Caucasian skulls, by $\frac{12}{100}$ of an inch.

6. The frontal arch of the skull of a suicide is about equal the average frontal arch of 21 Caucasian skulls.

7. The middle arch of the skull of a suicide is greater than the average middle arch of 21 Caucasian skulls, by $\frac{43}{100}$ of an inch.

8. The superior arch of the skull of a suicide is greater than the average superior arch of 21 Caucasian skulls, by $\frac{72}{100}$ of an inch.

9. The posterior arch of the skull of a suicide is greater than the average posterior arch of 21 Caucasian skulls, by $\frac{55}{100}$ of an inch.

10. The average masto-frontal angle of 21 Caucasian skulls is greater than the masto-frontal angle of the skull of a suicide, by 5.5°.

11. General conclusions: *This suicide had less than the average volume of brain in the anterior part of the cranial cavity. He had more than the average volume of brain in the posterior part of the cranial cavity.*

In fine, I regret that these are the only facts that I have of this case to put on record.

MOLAR PREGNANCY—AN ANOMALOUS CASE.

BY O. E. HERRICK, M.D.,
Of Michigan.

On the 15th of April last I was consulted by Mrs. D. for a persistent pain in the head, and occasionally attended, after three or four hours of severe pain, by paroxysms of frenzy, which would continue for from two hours to twelve or fourteen, when they would again gradually subside. These paroxysms were always attended by a feeling of fullness about the head. She stated, upon her first visit to my office, that she was pregnant about four months, and that her headache dated from about the time of conception; she believed that her headache and spasms would kill her if she was allowed to go to full time. I thought that perhaps it was but a *ruse* to get me to produce an abortion, and felt quite sure that such was the case when she added that she had importuned her usual medical attendant (a reputable physician) to produce an abortion to relieve her, and he had refused, telling her that

her headache and paroxysms of frenzy were entirely independent of her pregnancy. One thing which made me suspect, however, that the case was not a case of ordinary pregnancy, was, that she flowed a little at each monthly period, and her breasts were flaccid, although she was a woman of full habit, while she had leucorrhœa almost continuously.

I heard nothing further from her until May 2d, when I was called in haste to see her. I found her suffering severe pain in the head, face flushed, and with symptoms of mania well marked, although there were lucid intervals, but upon the return of pain she would again become violent. I gave her 20 grains of chloral hydrate every two hours, and fl. ext. of ergot, 15 drops, every hour (I gave the last to lessen the circulation in the brain). After the third dose of chloral she became quiet, and shortly dropped off into a sleep, and slept until about midnight quite naturally, when she awoke; and although she was still delirious, was much more quiet than before. She was given another 20 gr. dose of chloral, and in about twenty minutes again fell asleep, and slept until morning, at which time I again saw her, and found her rational, and suffering only slight pain in the head. I then made a vaginal examination, and found the uterus enlarged to about the size it should attain at a five months' pregnancy; but instead of having the hard feel of the pregnant uterus, it had a flabby, spongy feel; the os was dilated so that it readily admitted the finger, and I found that the neck was occupied by something which appeared to the finger like a piece of placenta. I introduced a gum-elastic catheter into the cavity of the uterus, and injected through it, with a common bulb syringe, about eight ounces of warm water; also continued the ergot. In about three hours I called again and found her flowing quite liberally, and undergoing pains at regular intervals. After waiting about an hour, and after a pain of unusual intensity, I made an examination, and found laying in the vagina a fleshy, fibrous mass, covered externally by a membrane, which might have been the decidua in a natural condition, while the inner surface of the mass was lined by a fine membrane, having the usual character of the amnion. After passing the mass, her pains suddenly stopped, and the flowing was only very moderate. I then left her, with instructions to take the ergot at longer intervals, about three hours apart. I called the next morning, and found she had passed three more, almost exactly like the first, about two inches in diameter, and she continued passing them for four days, until she had passed eleven of them, the last three of which I removed with the wire scoop; during all this time her flowing was quite moderate, and at no time severe. She made a rapid and good recovery, and has had no return of head symptoms since.

It is not an unusual thing for the uterus to be filled with a large number of vesicles of irregular shape and size, in the hydatid form of mole pregnancy. But it is, I believe, an unheard of thing for the variety described above to occur in such numbers, and each one entirely distinct from the other. It would seem as though a whole crop of ovules had been blighted, and that each one had commenced life with a distinct and separate placenta.

Another interesting feature of this case is the neurasthenia. The condition of this patient was exactly the opposite from the condition of patients said to be suffering from puerperal mania, as described by authors upon that subject. She was a robust woman, plethoric and strong, not weakened by hemorrhage or other abnormal discharges, except, perhaps, the leucorrhœa, and that had not weakened her, as her circulation was unusually strong during all her trouble. Authorities tell us that the cause of puerperal mania is anæmia, caused by hemorrhage, malignant disease of the uterus, abortion, etc., and is a disease which arises from great exhaustion. The question I wish to raise is, may it not occur from exactly the opposite condition; instead of the brain being anæmic, and not having enough blood supplied it, may it not have too much, as is the case in alcoholism, etc.? I believe both these conditions may produce maniacal excitement, and that one is as likely to produce it as the other, and hence the necessity of recognizing the difference of origin before commencing treatment. Diseases of the uterus, of all kinds, seem to exert a powerful influence upon the whole nervous system, and the brain being the great nerve centre, is especially apt to be more or less influenced by any severe or protracted disease of the uterus; it need not necessarily be pregnancy, nor need it occur only after a tedious delivery; but may, and frequently does, occur from any long standing inflammation or congestion of that organ; I have seen it in bad cases of dysmenorrhœa; I have also seen it as melancholia, in cases of displacements of long standing. We frequently observe it among frail married ladies living with strong and vigorous husbands, occurring from excessive coitus; the uterus is kept in a constant state of congestion, and the woman is converted into a maniac, and

hates the man she should love better than all others, and for no other reason than that her brain is influenced by her much-abused uterus. No matter what, in each individual case, the disease may be called, it is simply mania. The fact that the woman can no longer control her mind is sufficient evidence that she is insane. That point once settled in the mind of the attending physician, he should always look after the state of his patient's uterus. If he finds that his patient has recently passed through childbirth, and is suffering from puerperal fever, he should treat her for that disease. If his patient is in labor, and is attacked with violent pain, heat and throbbing of the head, which is greatly increased by her uterine pains, the cerebral excitement becoming intense, followed by furious delirium or convulsions, then he should deliver at once, and treat her for ordinary convulsions, which is but another form of this same class of difficulties. If the patient has dysmenorrhœa, and loses control of her mind, call it hysteria if you will, but it is uterine mania, just the same. Do not leave her to get well the best she may, but treat her dysmenorrhœa, and you will undoubtedly cure her mental difficulty. A patient with displaced uterus should have it replaced, and retained there after some common sense method. If the woman's husband is the cause of her trouble, either send him or her on a visit, and her peculiar form of insanity will probably vanish. In short, treat each individual case, and ignore the classes.

Medical Societies.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

(Reported for the Medical and Surgical Reporter.)

At the meeting in July, Dr. W. M. Welch read a paper, giving the history of a case of invagination of the large intestine, with recovery without sloughing (see page 221).

Dr. Stone remarked that invagination of the intestine generally occurred in young and feeble children, making the diagnosis perplexing and the treatment difficult. He recently attended a case of a male infant, who, on the second day after birth, was attacked with severe tenesmus, accompanied with great tympanites. The dejections were small in amount. A cathartic moved the bowels, bringing away, however, only a small amount of fæces, with but very little relief. He introduced a common gum catheter into the rectum and drew off a very large quantity of flatus, with temporary relief. This operation was repeated three times, with the same result. The post-mortem showed a congenital stricture of the colon, with a fold of the mucous membrane acting as a valve, nearly closing the gut. The case was not mistaken, but the symptoms closely resembled those of invagination, showing that we must be upon our guard in the diagnosis.

Dr. Eskridge had seen several cases of prolapse of the rectum which were reduced by hot water injections, after failing to reduce by the hand and by cold water. He reported the following case, and asked the opinion of the members: A middle-aged woman, in not very robust health, wife of a clergyman, was attacked with severe pain in the bowels, which disappeared as suddenly as it came, in less than half an hour, without medical aid. Three days later she had another attack, apparently the same, and the Doctor was called. One and a half grains of morphia failing to relieve, she was kept under the influence of ether for nine hours, when the severe pain suddenly ceased, only to be renewed after an interval of twelve hours. There was nausea and vomiting, chiefly of mucus. Temperature nearly normal (98° to 99°). She had been living upon liquid food for the past three years, saying that solids always gave her distress in the abdomen. There had also been a direct inguinal hernia, but there was no protrusion at the time, and no tumor could be felt in the abdomen. These paroxysms recurred daily, with little change, until the ninth day, when the vomiting became stercoraceous. Peritonitis set in on the tenth, and she died on the eleventh. No post-mortem was allowed.

There is a case reported in Watson's *Practice*, in which, after similar symptoms, a post-mortem revealed a gall stone, which had passed into the bowel, obstructing it at a previous stricture. He thought this case had a similar pathology. The suddenness of the seizure, together with the equally sudden relief, and the absence of all tumor, led him early to the diagnosis of hepatic colic, which diagnosis was concurred in by the consultant, Dr. Mills. He saw no reason for changing this opinion until the stercoraceous vomiting on the ninth day indicated obstruction. That there was a stricture somewhere in the alimentary canal, he thought was clearly shown by the selection of a liquid diet, and persisting in it for so long a period as three years.

Dr. Janney thought all the symptoms in Dr. Eskridge's case *might* have been from strangulation occurring in an old hernia returned into the cavity of the abdomen unreduced. He asked the question, why laparotomy should not be performed in all cases of invagination and internal strangulation from any cause. The experience of the gynecologists has proved that the operation is not in itself a very dangerous one. Some intussusceptions could not be reduced, yet others might be, and the extreme condition of the patient, he thought, would justify the attempt. He thought no surgeon would have refused to operate in Dr. Eskridge's case.

Dr. Rihl reported a case of a female, aged 79, who died of cancer of the stomach. The post-mortem showed, besides the tumor in the walls of the stomach, a large oval calculus, an inch and a half in the longer diameter, entirely filling the gall cyst; also a calculus of the shape and nearly filling the pelvis and calices of one kidney. He felt interested in these, because there was no

symptom during life that pointed to disease in either of these organs. The calculi were exhibited.

BRITISH MEDICAL ASSOCIATION—PROCEEDINGS OF SECTIONS.

In accordance with our custom, we give abstracts of the more important papers read before the Sections.

SECTION OF MEDICINE.

The first paper was read by Dr. H. Bennett, on

Mountain Air in Phthisis.

His conclusion was that recent experience at St. Moritz and Davos, as also at St. Paul's, Minnesota, United States, where hundreds of consumptives are now sent yearly, proves that phthisical sufferers may be exposed to intense cold, in the coldest regions of the earth, and yet do well, probably because they give up living in confinement in breath-poisoned rooms, and spend many hours daily out of doors. But it does not prove that these cold regions are the best for them. One fatal objection to mountain regions in winter in Europe, for any invalids, is, that from eighteen to twenty hours in the twenty-four must be spent in stove-heated rooms, and in bad weather the entire twenty-four. On the North shores of the Mediterranean, as on the plains of Central America, the phthisical patient may live in an atmosphere of pure air, with windows more or less open all the winter, day and night. The thermometrical conditions in-doors, in thoroughly ventilated rooms, with open windows, are about the same as those given for Quito, that is, they only vary between 56° and 66°.

Dr. Jagielski (London) said that a belief in the specific value of mountain air in phthisis threatened to become universal, and might probably lead to very one-sided views or other therapeutic evils. The Russian physicians were in the habit of sending phthisical patients to the Steppes of Tartary—a practice which was in opposition to the view of altitudes. The Tartar Steppes were sometimes not above, but below the level of the sea. Iceland had the same immunity from phthisis. It was said that this was because the inhabitants made use of a certain beverage, which consisted of a whey-like fluid, which they used to bottle up and bring to a fermentation; and it was said that no phthisis existed in Iceland up to the time of the introduction of tea and coffee. Something similar had been told of the Shetland Isles; so that, in fact, it was not altitude which was the particular influence.

Dr. George M. Beard read a paper on

Inebriety and Allied Nervous Diseases in America.

He stated that his interest in the subject was purely scientific; that he had been led to study the subject simply because it belonged to neurology—a department of science to which his life was devoted. Inebriety he defined as a functional disease of the nervous system; the chief, though not the only, feature of which is an irresistible desire for stimulants and narcotics, such as alcoholic liquors, opium, chloral, etc. Other accompanying and preceding symptoms are mental depression, mental irritability, insomnia, tremors, hallucinations, delusions, severe neurasthenia (nervous exhaustion), and in some cases, alcoholic trance. The disease inebriety is distinguished from the vice of drunkenness in four ways: first, by its irresistibleness; secondly, by its periodicity or intermittent character; thirdly, by its transmissiveness; and, fourthly, by the above nervous symptoms associated with it. The vice of drunkenness is objective; the disease inebriety is subjective. The disease inebriety has much the same relation to the habit of drunkenness that some forms of insanity have to eccentricity. The chief predisposing cause of inebriety is civilization. Savages, semi-savages and barbarians drink far more than enlightened nations, and the disease inebriety is always less frequent where the habit of drink is most common. The chief exciting causes of inebriety are alcoholic liquors, opium, chloral, etc. Another exciting cause is neurasthenia, or nervous exhaustion, particularly the form cerebrasthenia, or exhaustion of the brain. Brain exhaustion, which follows loss of property, bereavement, or sunstroke, may excite inebriety in one who is predisposed to that disease. In America, sunstroke is quite a frequent exciting cause. Injuries to the brain, as railway accidents and the like, may excite the disease; so also may salt air; some inebriates cannot go to sea, nor near the sea coast, without suffering an attack, with accompanying symptoms, such as headache, neuralgia, nervousness, etc. Inebriety is more common in America than in any other country, mainly from climatic reasons; dryness of the air and extremes of heat and cold. For the same reason other functional nervous diseases of the family to which inebriety belongs, such as neurasthenia, general neuralgia and hay fever, are more common in the northern and eastern parts of America than in the southern. Like every nervous disease of the family to which it belongs, it pretty steadily diminishes as we go south—go to the Gulf States; yet there is more total abstinence in the north than in the south. There is no country in the world where there is so much total abstinence from drinking, and at the same time so much inebriety, as among the people of the northern and eastern parts of the United States. The habit of drinking has been diminishing for the last half quarter of a century among the better classes, but the disease inebriety has been increasing at the same time among the same classes. Inebriety is to-day treated on the same principle as other nervous diseases of the same family to which it belongs; that is, first, by keeping the patient away from the exciting causes, and, secondly, by fortifying the system with sedatives and tonics. For very many cases asylums are indispensable, and legislation is needed, and in America is exercised, to give power of holding such cases. The best law, on the whole, is the law of the State of Connecticut, which is very similar to the "Habitual Drunkards' Act" which has just been passed by the English Parliament. The best remedies for fortifying the system and breaking up the habit of drinking, are bromides in very large doses (℥j to ℥ij), especially bromide of sodium;

electricity in general and central applications (general faradization and central galvanization), strychnine, quinine and cinchona, iron, cod-liver oil in emulsion, the preparations of zinc (oxide, bromide and valerianate), with warm baths. This system of treatment for opium inebriety, combined with the gradual withdrawing of the drug, has been wonderfully successful in America.

Dr. Wm. Squire, of London, followed with a paper on

Salicylic Acid in Rheumatism.

The iron treatment introduced by Dr. Russell Reynolds checked in some degree the febrile reaction, prevented subsequent impoverishment of the blood, and some of the worst consequences of endocardial exudation. Its use in erysipelas, and in rheumatism following some specific fevers and the puerperal state, is well attested. With children, cases may arise where a choice has to be made between iron and salicylic acid; one or the other must be adopted; they cannot both be employed at once. Dr. Squire's experience of iron was a favorable one. Twice in children, where the first signs of rheumatism were in the heart, this means, with chloral at night, gave good results. In one case, of a boy five years old, treated early with salicylate of soda, no heart affection occurred. In a girl three years old, with an endocardial murmur, and no joint affected when first seen, good progress followed the salicylate, but a soft systolic or presystolic *bruit* remained. The only evidence of the earliest attack of acute rheumatism in young children is often in the heart. Second attacks of acute rheumatism in adolescents have been treated very advantageously by either means. The change from profuse perspiration and great restlessness to comparative comfort, by the use of dyalised iron, in a young man with high fever, on the fourth day of other treatment, was very marked; good convalescence began in a fortnight. In a similar case treated on the third day with salicylate of soda, in twenty-four hours, before two drachms had been taken, all fever was subdued, and the convalescence began in a week. In second attacks, much prolonged, occurring to men at the age of fifty, one had pneumonia, one a systolic and cardiac murmur, and diffused pulmonary *râles;* rapid improvement followed the use of salicylate of soda. Cardiac irritation is always soothed under its influence; with a steadier circulation the *râles* in this case disappeared, diarrhœa, meteorismus, and perspiration ceased, and the urine, pale and of low specific gravity, as it often is in these prolonged cases, was soon restored to its normal quality. What none of the eliminative means used had been able to effect now occurred. An increase in the elimination of urea, noticed in favorable cases, is aided by the salicylate of soda; it acts as a sedative, without checking any of the secretions. The relief of pain is partly from its action on the central nervous system, more directly from the dilatation of the peripheral blood vessels which it produces; at the same time excitability of the heart is lowered; hence, its utility when the heart is already involved, while by its power to arrest the special febrile action, at whatever period of the disease it is given, no remedy can be so likely to prevent that complication. The earlier it is given, and the sooner its effects are produced, the less likely is the heart to suffer, for the shorter the duration of the fever the less is the possibility of heart disease. As salicylic acid is rapidly eliminated by the kidneys, the doses of it, or of salicylate of soda, must be frequently repeated. Salicine is but slowly and partially converted into salicylic acid. The acid is less easily and less safely administered than salicylate of soda, and is in no way more efficacious where no germicide influence is required. The acid so readily and cheaply obtained from carbolic acid, since Kolbe's great discovery, has exactly the therapeutic properties of that prepared by Cahors from the winter green (*Pyrola*) as determined in 1855 by Bertagnini. Salicine, as first separated by Leroux from willow bark, has been found by Senator and others to have no other action. The salicylate of soda is the readiest way of giving the remedy where its effects should be produced rapidly, a point of great importance in the young, and is exactly suited to what is required in the treatment of acute rheumatism.

His paper was discussed by several, and the President summed up the results of the discussion as follows: First, they had as yet no stable criterion whereby to determine the therapeutic effects of any drug upon rheumatic fever; they did not yet completely know the history of this fever. Secondly, therapeutic conclusions were apt to be vitiated by failing to distinguish between the two forms of the disease to which Dr. Southey and Dr. Sinclair had referred. Third, while the influence of salicylic acid and its compounds somewhat speedily relieved the *malaise* of which the rheumatic sufferer complained, it was extremely doubtful whether they in any degree diminished the peril of secondary cardiac or other inflammatory complications. Lastly, it was left uncertain whether they succeeded in removing that actual pathological state of which, in a sense, these other things might be said to be the expression. In short, there was almost a greater tendency to relapse with the salicylates than otherwise. Although this did not seem to be a very great gain, yet it was enough to help them in future inquiries.

(To be Continued.)

Danger of Pilocarpin in Obstetrics.

As this substance begins to be used in obstetrical practice, Dr. Hyernaux has read a paper at the Belgian Academy of Medicine, cautioning against its employment. He states that from his own experiments and the trials that have been made of it by others in their obstetrical practice, he has come to the conclusion that it exerts no special ocytocic action on the uterus, while it may yet induce abortion; and that it appears to him dangerous for the mother, and especially so for the infant. Prof. Müller, of Bern, who has made trials of the chlorhydrate, confirms these conclusions.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Anti-febrile Effects of Cold Enemata.

In the St. Petersburg *Med. Woch.* of June 14th, quoted in the London *Medical Times and Gazette*, M. Lapin, one of the *internes* of Prof. Manassein's clinic, gives an account of the trials that have been made there of cold clysters as an antipyretic means. After noticing the few observations upon the subject which have already been recorded, he gives an account of the fifty observations which he has made in Prof. Manassein's wards. Of these he has published a detailed account in a Russian journal, confining himself in the present communication to a general statement of the results.

Prior to the administration of the clyster the temperature of the patient was taken, while lying on his back, in the axilla, the hypogastric region, and the rectum. The temperature of the liter of water employed varied from 5° C. to 10° C. (41° F. to 50° F.), and Hegar's apparatus at a pressure of two feet was used for the administration. After the water had been discharged the temperature was again taken in the same localities. Of the fifty trials, twenty-six were made on fever patients, twelve on patients with non-febrile diseases, and twelve on persons in health. From these trials the following conclusions are drawn: 1. Cold clysters form a practical means of reducing temperature, the influence of which continues for a considerable time. After clysters at 10° C. the temperature scarcely reaches its former height in the axilla for from thirty to forty minutes, in the hypogastrium after an hour, and in the rectum after an hour and a half. With clysters at 5° C. the cooling in the axilla lasts for forty or fifty minutes, but in the hypogastrium and rectum it lasts a much longer time than when water at 10° C. is used, so that the prior high temperature has never been observed to be regained until from two to two and a half hours after. 2. The clysters at 10° C. are well borne in all cases, without exception, sometimes leaving behind them a pleasant sense of coolness extending over the whole body. Those at 5° C. are by some just as well borne, but in others they induce unpleasant sensations in the abdomen. In recurrent fever even shivering may be produced. 3. The depression of temperature is more considerable in cases of fever than in non-febrile affections, and in the healthy. (In the fever patients the fall of temperature varied from 0.60° to 0.40° in the axilla, from 1.50° in the hypogastrium, and from 5° to 1.70° in the rectum. In non-febrile cases it varied from 0.40° to 0.30° in the axilla, from 1.40° to 1.10° in the hypogastrium, and from 1.60° to 1.30° in the rectum. In healthy persons, it varied from 0.60° to 0.30° in the axilla, from 1.30° in the hypogastrium, and from 2.60° to 1.40° in the rectum.) 4. Not only is the temperature diminished, but also the number of the pulse and respiration, to a small extent. 5. The greatest diminution of temperature takes place in the rectum; next in the hypogastrium, and least in the axilla. 6. An advantage of the cold clysters as an adjuvant of other energetic antipyretic means consists in their fulfilling other indications besides the depression of temperature: *a.* They remove the accumulation of masses of fæces, which so frequently occurs in fevers; *b.* They diminish meteorism by contributing to the removal of gases; *c.* In this way they render possible greater freedom in the movements of the diaphragm, and remove a source of self-poisoning of the economy by means of the gases; *d.* To a certain extent, they diminish the afflux of blood to the organs in the vicinity of the rectum, especially the uterus and bladder. 7. Stools follow the use of the clysters at different times in different individuals, varying from a quarter of a minute to two minutes and a half. 8. There can be no doubt that, when a clyster is also indicated in non-febrile cases, the cold clyster should be preferred to the warm in all those cases in which, besides the emptying of the intestine, it is desired to produce a tonic effect on the canal, or to diminish the amount of blood in the pelvic organs.

The Internal and External Action of Thymic Acid and Thymate of Soda.

Dr. Alvin, quoted in the *Practitioner*, from *Le Progrès Medicale*, has for more than a year substituted thymic for carbolic acid, in preparations which are used to produce a caustic, substitutive, or simply astringent action upon the mucous membranes of the larynx and pharynx. The solutions thus prepared are much better borne, and are at the same time much more active than those at present in use, and have given the most satisfactory therapeutic results. Thymic acid has the same curative properties as carbolic acid, and has a more pleasant smell. Some of the formulæ which extended use upon a large number of patients has shown to be capable of giving good results are here appended. Solutions for painting the parts may be made as follows:—

1. (*a*) Crystallized thymic acid, 1; pure glycerin, 2–4; (*b*) crystallized thymic acid, 1; iodine, 1; potassium iodide, 1; pure glycerin, 5–15.

2. Substitution solutions: (*c*) crystallized thymic acid, 1; pure glycerin, 50; (*d*) crystallized thymic acid, 1; iodine, 1; potassium iodide, 1–2; pure glycerin, 120; (*e*) crystallized thymic acid, 1; tannin, 1; pure glycerin, 100.

3. (*f*) Astringent solutions: crystallized thymic acid, 1; pure glycerin, 50.

4. (*a*) Pastils: thymate of soda, one milligram. To make a pastil of one gram.

For superficial stomatitis; irritation of the tract; softening of the mucous membrane in smokers; they are very efficacious in cases of spasmodic cough. They have also been tried in whooping cough.

(*b*) Thymate of soda, one milligram; chlorate of potash ten centigrams. For a pastil of one gram.

In severe stomatitis, tonsillitis, and pharyngo-laryngitis.

(*c*) Thymate of soda, 1 milligram; borax, 10 centigrams. For a pastil of 1 gram.

Ulcerated stomatitis and tonsillitis.

The pastils should be taken in doses of six to ten a day. They are calculated to remove the putridity of the parts which they are destined to cure.

5. Drink: thymate of soda, 1–4 centigrams; simple syrup, 61 grams; water, 100 grams. To be taken in twenty-four hours.

This preparation has been invariably used with success in affections of the lungs, the cough being lessened and the expectoration modified.

In cases of catarrhal bronchitis the disease has always been lessened in duration, and has been occasionally abated. Without stating that it is efficacious in whooping cough, Dr. Alvin believes that it will be found to be useful in that disease, judging from the effects produced on the few patients upon whom he has tried the remedy. Thymic acid has also been employed for inhalation, and in aqueous solution for cases in which naso-pharyngeal irrigation was indicated. It is also recommended as an exceedingly valuable modificatory agent. Thymic acid often contains impurities, and it is to obviate this imperfection that the crystallized acid is ordered. Thymate of soda is a very unstable salt, and requires great care in its preparation. Thymic acid, which is a powerful caustic, has hitherto been prescribed in too large doses (1 gram to 1.50 grams in twenty-four hours). Thymic acid was used in 1866, by Giraldes, in the treatment of wounds.

Treatment of Catarrhal Pneumonia.

Dr. Oscar T. Schultz describes, in the *American Practitioner*, his experience of this disease. On the subject of treatment he says:—

The remedial agents relied upon in the treatment of catarrhal pneumonia were belladonna, calomel, tartar emetic, quinia and whisky, given according to the following indications: When the fever was high, the mind blunted, the cough dry, infrequent, and perhaps painful, belladonna and calomel were given alternately every hour. If the fever remained high, above 101½°, for three or four days, a full dose of quinia was given in the evening. This was invariably followed by an almost normal morning temperature, and moist râles in the inflamed parts of the lungs; then tartar emetic or oxymel scillæ, with ipecacuanha, was continued until the lungs seemed clear. In all cases with high fever whisky was given regularly every hour or two, day and night, in one and a half drachm doses, until the fever abated. The cases which developed during whooping cough, or during capillary bronchitis, were usually treated with tartar emetic and belladonna, as in the following formula:—

R.	Antimon. et potas. tartr.,	gr.ij	
	Extr. belladon., fluid,	gtt.iv	
	Pulv. glycyrrhizæ,	gr.lx	
	Aquam, ad.,	℥ iij.	M.

Sig.—One teaspoonful every two hours.

Or where there was more febrile action, calomel and tartar emetic were alternated every hour. The whisky was in these cases replaced by a light and nourishing diet of eggs and milk. Quinia was never used in these cases. In this way convalescence was usually established in the chronic form in from six to eight days.

In the catarrhal pneumonia of the aged, digitalis or tartar emetic, together with a treatment of the threatening symptoms, was employed; and if the fever was obstinate quinia was also used. With this course of treatment I lost six out of my twenty-eight cases, giving about 21.4 per cent. against 48.3 per cent., the mortality computed by Juergensen from the reports of five authors; and the results are even more favorable than my figures indicate, when we consider my record of deaths. For one was a man aged eighty-seven, in whom pneumonia supervened upon a chronic bronchitis; the second, a child of seven months, scrofulous, with habitual cough, and where the pneumonia complicated a pertussis; the third, a girl, aged two and a half years, with capillary bronchitis; the fourth, a child of ten months, without teeth, puny, in whom pertussis developed during a summer complaint, and pneumonia closed the scene with hydrocephaloid symptoms; the fifth, a boy aged one year, with pseudo-membranous laryngitis, in whom the lungs collapsed on the third to fourth day, and though the laryngeal symptoms abated, death took place on the fifth day; the last, a boy aged five years, in whom the diphtheritic exudation advanced upward and downward, irresistible as death itself.

The Treatment of Syphilis without Mercury.

Of a number of cases illustrating this treatment, given by Dr. J. P. H. Bodian, in the *British Medical Journal*, we quote the following:—

Case 1.—A. M., aged 32, had a solitary sore in grizzly induration. The occipital and inguinal glands were much enlarged. He had roseola and rheumatoid pains. He was treated in September, 1867, locally, by fuming nitric acid and water-dressing. The chancre healed in twenty-three days. Internally, he had iodide of potassium, nitrate of potash, compound ipecacuanha powder, and liquor opii sedativus. In February, 1868, he was looking well, and at duty. In March, 1871, he was in excellent health; and he continued so until he was discharged the service.

Case 2.—B. T., aged 20, had an indurated sore, roseolar and papular rash, psoriasis of the arms, and very severe ulceration of the tonsils. He was treated October, 1867, locally, by nitrate of silver and sulphate of copper. Internally, he had iodide of potassium, cinchona, and compound ipecacuanha powder. In May, 1868, he was in excellent health, and remained in good health until transferred to another regiment in February, 1873. I heard in 1877 that he was in good health.

Case 3.—C. J., aged 25, had an indurated sore, indurated glands in both groins, and roseolar and papular eruption, very marked and widely spread. He was treated in December,

1867. He was in very good health when he took his discharge, in 1871, and also by accounts lately received. The only local application was cold water; and the chancre healed readily, although the induration was very persistent. Iodide of potassium was administered in decoctum cinchonæ, and he had the usual hot baths.

I must state that all my cases of syphilis were treated by hot baths. Whatever variety there may have been in the use of other remedies, there was none in this. *Hot baths was the standing order for all cases of syphilis.* And, for the most part, the men were strictly confined to bed, often notwithstanding their entreaties to be allowed to get up. The most scrupulous attention was paid to the cleanliness of their linen.

Case 4.—D. W., aged 25, seven weeks previously to his admission for true Hunterian chancre, was under treatment for phagedenic ulceration of the prepuce. With the hard sore, he had indurated inguinal glands. The initiatory fever of secondaries soon appeared, and with it a dusky purplish papular rash, having a pustular tendency. The nates became covered with condylomata, and the scrotum before long looked like a piece of raw beef dotted with little patches of oyster shell. He was treated in December, 1867, locally, by sulphate of copper. Internally, he had iodide of potassium, cinchona, and Dover's powder. In May, 1868, his temperature was 98°, tongue clean, skin perfectly clear; there was not a trace of any rash, pimple, or sore. The scrotum was perfectly healthy looking. He was in robust health, and he continued so until he deserted, some years afterward.

Case of Temporary Amaurosis.

A curious example of this is given by Dr. C. E. Glasscott, in the *British Medical Journal*, July 19th. He writes—

The following case derives much of its interest from the circumstance that we have here a man in perfect health, and engaged in his daily avocation, suddenly plunged into the most utter darkness, and gradually restored to perfect vision, in the course of a fortnight. This occurred without the slightest morbid change observable in the eyes, and was not referable to any known cause; nor was it possible to suggest the cause of the blindness.

Thomas C., a miner, aged twenty-four, was brought to me suffering from sudden blindness. The previous history fails to throw any light upon the etiology of the case. There was no kidney or heart mischief, no evidence of syphilis, no history of fits, giddiness or other nervous symptoms. He never had had any disease, but a fit of colic four years ago, and had worked as a collier for the last fourteen years without losing a day's work from sickness; and the only accident he ever had was a small scalp wound on the occiput eighteen months ago. He had been a teetotaller for five years, and only smoked one ounce of tobacco per week.

I first saw him on January 27th, 1877. He stated his case as follows: On going to work at six o'clock that morning, his sight was perfectly good, and he worked at getting coal till 8.30, when he noticed suddenly that he was in darkness, and called out to his mate that his lamp had gone out, referring to his Davy lamp, which hung at a distance of four feet. He was told that it was burning brightly; but this he refused to believe until the lamp was handed to him, and he found it to be hot; he was then brought to the pit mouth, but he could not tell when he reached the daylight.

I saw him that afternoon, and found that, with his right eye, there was no perception of light from an argand burner, an inch and a quarter in diameter, at the distance of one foot; with the left eye he had the very faintest perception of light. The pupils were only moderately dilated; so I instilled some atropia, and made a careful examination of the whole fundus with the ophthalmoscope. The media were clear, the retinal vessels normal in calibre; the disk was rose-pink, and retina transparent; the region of the yellow spot was slightly more defined than in the normal eye; and the fovea centralis was a little redder in the right than the left. Next morning the quantitative perception of light had gone from the left eye, leaving him totally without perception of light. Both of my colleagues kindly examined the eyes independently, and corroborated my observations as to the apparent healthiness of the fundus. On the 29th I ordered one drachm of unguentum hydrargyri fortius to be well rubbed into each arm, and a couple of drachms to be worn in the axillæ, spread on lint. The patient remained in the same condition until February 5th, when he first complained of a metallic taste in his mouth. Next day his gums were distinctly spongy, and he said he could see the other beds in the ward indistinctly. On the 8th he was allowed to get up, and could see well enough to find his way about the hospital. Daily ophthalmoscopic examination found the appearance of his fundus unchanged. At his own request, on February 10th, he was discharged, and at once resumed his work; his vision at that date was the same with both eyes, viz.: V. $= 1\frac{36}{48}$ c $+ 24 = 1\frac{36}{36}$. The field of vision in each eye was perfectly normal.

Muriatic Acid in Typhoid Fever.

Dr. J. Y. Dale, of Pa., writes to the Boston *Medical Journal*, July 24th, 1879—

In treating typhoid fever I have become so impressed with the value of muriatic acid as a remedy that I wish to recommend it to the favorable notice of those of you who have not already given it a trial. My plan is to commence with the acid at the very onset of the disease, giving to an adult ten drops of the dilute muriatic acid of the Pharmacopœia every two hours. This is about half the ordinary dose, but a small dose is better borne by the stomach than a large one, besides being just as efficient. The acid should be given in an ounce or more of water, sweetened if the patient prefers it so, and to prevent injury to the teeth it should be taken through a straw or glass tube, or the mouth should be rinsed with a solution of soda. In mild cases, or at the commencement of the attack, this is generally the only medicine that is prescribed. I usually continue the acid through the whole course of the

disease, though at the beginning of convalescence the interval between doses is increased; but I am chiefly guided by the appearance of the tongue as to the proper method of giving it. If the tongue cleans and remains moist, and the digestion is good, with no diarrhœa or abdominal tenderness, it is no longer indicated; but if the tongue becomes dry or furred, it is immediately resorted to again.

I have used the acid plan of treatment for about twelve years. During the first few years I treated only part of my patients in this way; but for the past seven years I have used the acid exclusively, and in this time I have treated more than two hundred cases of fever, of all grades of severity, from the mildest to the worst form, without losing a single patient by death in my own practice. I have never yet lost a case in which the plan of treatment indicated in this paper was commenced early in the disease and continued without intermission. The acid seldom disagrees with a patient. I have given it under all circumstances, and to patients from three years old to sixty-five, being the extreme ages in which I have met with unmistakable cases of the disease. If it disagrees with the stomach I diminish the dose, or add a little deodorized tincture or wine of opium to it. Occasionally I have found it necessary to intermit the use of it for a day or two, but this was only in cases of great nausea, or where it was not properly administered.

Results of Antiseptic Surgery.

The results of antiseptic surgery at the Leeds, England, General Infirmary are thus summarized by the surgeon, Mr. Atkinson, in a late paper:—

1. Since the adoption of the antiseptic method in the treatment of compound fractures, the mortality had been reduced from 19 per cent. to 10 per cent. (the latter including several desperate and complicated cases which were beyond the reach of any treatment; so that if these were excluded the contrast in favor of antiseptics would be far greater). 2. The results obtained in operative cases had not been so uniform; *e.g.*, amputations, both primary and secondary, but especially the latter, had as often done well without as with the antiseptic precautions. The same might be said of excision of mammary tumors. On the other hand, resection of joints, subcutaneous osteotomy, the ligature of large arteries, removal of simple tumors, and the opening of abscesses, acute or chronic, or the aspiration of joints under the spray, yielded better results than could have been expected without. 3. The diminution or entire absence of surgical fever after operations done antiseptically was very striking. But the temperature, as a rule, rose, for the first twenty-four or forty-eight hours after operation, whether the case were treated antiseptically or not. This rise would vary according to the temperament of the patient, and could not be ascribed solely to surgical fever. 4. Lacerated and contused flesh wounds, when dressed antiseptically from the first, almost invariably healed without putrefactive pus, and with slight, if any, rise of temperature. 5. The use of drainage-tubes was a very essential element in the success of antiseptic surgery, allowing a free exit to the serous discharges, which, if arrested, caused an immediate rise in temperature; so that the thermometer was a certain gauge of the need for disturbing the dressings. 6. The experience of antiseptics in ovariotomy had not hitherto confirmed that of Dr. Keith; while a large number of cases of colotomy and strangulated hernia, very few of the latter of which, and *none* of the former, were done antiseptically, had shown a high average of recoveries.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The literature of yellow fever is rapidly increasing in this country, and we cannot but believe that such careful studies will ultimately give us the mastery of the disease. Among the most recent issues is a series of "Reports to the St. Louis Medical Society, on Yellow Fever" (St. Louis, Geo. O. Rumbold & Co., pp. 320). These embrace the report of the committee appointed to inquire into the relations of the epidemic of 1878 to the city of St. Louis; a report of the meteorological conditions and etiology of yellow fever; the relations of malarial fevers and fevers generally to yellow fever; the theory and practice of the administration of veratrum viride in yellow fever; some remarks on cholera sporadica and sunstroke in St. Louis in 1878, etc. The work was prepared by Dr. W. Hutson Ford and the Committee of Publication. It has a number of maps, diagrams and charts.

Prof. Joseph Jones, of New Orleans, in a series of lectures on the disease, and in an elaborate paper in the *Transactions* of the Louisiana State Medical Society, discusses the treatment of yellow fever, and also its pathology as compared with malarial fevers. On the mixed question of introduction or spontaneous origin, Dr. Jones writes—

"No such marked differences exist between the climate of New Orleans and that of Havana and Vera Cruz, as would warrant the assertion that yellow fever is always endemic in the latter two cities, and that at the same time it cannot orriginate *de novo* in the former. While it is the wish of every true patriot to claim all excellencies of position and health for the land of his choice and love, at the same time, the future advancement of sanitary science and the highest interest of humanity demand that all causes of disease, whether existing in the soil or climate, should be honestly stated and fully weighed.

"Those who hold to the view that yellow fever never originates in New Orleans, but is *always imported*, must at least be forced, by the

past history of the great epidemics of this city, to admit that its climate and situation are such as to admit of the easy lodgment and rapid propagation of the seeds of this disease."

He believes that an enlightened system of quarantine, combined with the most careful sanitary and hygienic precautions, should be observed.

Another experienced observer, Dr. R. B. S Hargis, of Pensacola, has been contributing a number of articles to the Pensacola *Advance*, on the fever, and further proposes to publish at an early day a treatise on the disease, proving its origin to be in the holds of vessels sailing in tropical seas, which he believes will simplify the practical problem of how to stamp out the monster for all time. This treatise will embrace a description of the climate and diseases of all the district of country bordering the entire extent of the northern shores of Pensacola Bay, and extending one-quarter of a degree north. It also includes interesting historie sketches connected with the subject of the work. He says, in one of his already published articles—

"The facts of the early history of yellow fever indicate very conspicuously the maritime origin of that destructive malady, and show also, very clearly, its portability and mode of propagation from place to place, and forcibly suggest the necessity for the institution of different and more efficient measures than such as have been hitherto in operation, to prevent its intrusion into places where it does not hybernate, and, if possible, to cause its extinction everywhere."

The appearance of yellow fever in Chattanooga last year was a puzzle. Articles on it have appeared in the *Transactions* of the Tennessee State Medical Society, by Drs. E. M. Wight, G. A. Baxter and W. T. Hope. The latter concludes that—

"1st. Some other manner of introduction should be shown than that of personal introduction, *i.e.*, of a person divested of clothing, we might say, and simply sick of yellow fever.

"2d. That other ways of dissemination must account for the spread of yellow fever than that of personal intermingling."

The problem still remains unsolved, along with so many others about this terrible complaint.

——To confirm and establish harmony in the Profession is certainly a very desirable consummation, and to this end Dr. H. Genet Taylor, in a reprint before us, urges, beyond all else, to get at the exact truth of a story before falling into wrath about it. He says:—

"No medical man should make a charge against a brother of the profession, whether of medical error or of ethical unfairness, without having first had a personal interview, or by letter ascertained the actual facts of the injury or wrong, and the reasons he may present for his position.

"I am thoroughly convinced that by far the largest number of discords and wranglings, among gentlemen of our profession, arise from the failure to know the real facts, or to understand the reasons for the course that had been taken, and that a personal inquiry, direct from the parties interested, would, in many cases, show no cause of offence, or by an explanation of the facts, easily remove what might have been a slight matter, but would have become great, by the magnified power of repetition at second hand."

The philosophizing Obermann says, in one of his letters, that but two things are required to make men happy; first, that they should, in all instances, tell the exact truth, to their utmost ability; and secondly, that they should learn to predict the weather. Both he and Dr. Taylor are very largely correct.

——The Report of the House of Shelter, Albany, New York, for 1877 and 1878, is the record of a noble charity, devoted to rescuing women who are leading profligate lives, or who have become addicted to the use of opium or intoxicating drinks. Such an institution will have the sympathy and support of all who love their kind. But we cannot avoid expressing our regret that the Report is marred by such trashy writing as the following: "Satan has many ways of destroying the noblest powers of mind, and hindering those who might be eminently useful in the world. *Opium* has been one of his treacherous and covert devices of enslaving thousands. So adroitly has he carried on this scheme of human destruction, that his wretched victims really believe that this poison is a medical remedy necessary to relieve some bodily ailment," etc. Sound science and the cause of truth are not to be advanced by this sort of an explanation of the widespread love for intoxicants.

——In a reprint from the St. Louis *Courier of Medicine*, Dr. E. C. Gehrung explains an ingenious, and, in his hands, successful method of treating acute cystitis, by elevating and supporting the bladder by means of elastic tampons in the vagina. The same writer, in the August number of the journal mentioned, discusses at considerable length the forms of pessaries, giving preference to some of the later modifications of the Hodge pessary.

——Dr. Charles H. Thomas, of this city, urges, in a reprint, a general system of measurement for urethral, uterine, rectal and other instruments. He justly observes that a general scale, suited to this wide range of applications, and which shall combine the essential requisites of simplicity,

definiteness, and convenience of use, together with universal scientific intelligibility, is undoubtedly practicable. For this purpose it is only required that the use of all conventional numbers or sizes, as such, be abandoned, and that there be adopted in their stead actual circumferential or perimetric dimensions, expressed in terms of the metric unit; that is, in millimeters. The *adaptable metric gauge* which he used can be obtained through Messrs. J. H. Gemrig & Sons, of this city.

BOOK NOTICES.

On Asthma, its Pathology and Treatment. By J. B. Berkart, M.D. London, J. & A. Churchhill, 1878. pp. 264.

The paroxysms of asthma have been usually attributed to disordered nervous action, disturbance of the system, or the like. More and more, however, we are learning that all so-called "functional" disorders are etiologically associated with organic changes, and in this treatise Dr. Berkart undertakes to prove this in reference to the asthmatic seizure. By studying closely the condition of the patients between the attacks he has convinced himself that the disease commences with a more or less insidious inflammation of the pulmonary tissue, which passes on to bronchiecstasis and emphysema.

He begins his treatise with a history of asthma and a discussion of the prevalent theory regarding it; he then passes to its pathogeny, etiology and clinical history, its diagnosis and prognosis; and concludes by stating the general principles upon which its treatment may be advantageously conducted.

The volume is the result of a number of years of special study, and the author shows wide reading as well as careful observation. It must be named as one of the most valuable monographs on the disease which has appeared of recent years.

Materia Medica and Therapeutics. Vegetable Kingdom. By Charles D. F. Phillips, M.D., F.R.C.S.E. Edited by Henry G. Piffard, A.M., M.D. New York, Wm. Wood & Co., pp. 322.

In this treatise on materia medica the author classifies the plants used in pharmacy under their botanical classes, making no attempt at a physiological division. In this we think he is wise. In the first place, the physiological effect of drugs is a poor guide to their therapeutic powers; and a classification with regard to the latter must ever be incomplete, as so much depends on the size of the dose and other factors. His plan is to take up each plant, mention its active ingredients, and then, in separate paragraphs, its physiological action, therapeutic action, preparations and dose. Not much attention is given to the pharmaceutical or chemical relations of the drugs; and as the author inclines to what he calls "monopharmacy," he has little to say about synergistic, adjuvant and corrigent articles, in which, although he may, as he says, follow the prevailing fashion, he is probably on the wrong side. While generally abreast of his science, here and there the author seems behind it; for example, under salicine he says nothing of its employment in rheumatism or diarrhœa; and we have looked in vain, in the index, for any reference to *Œnothera biennis*, *Eucalyptus*, *Apiol*, *Asarum*, *Carica papaya*, *Dracontium*, *Erigeron Canadensis*, *Grindelia*, *Leptandrin*, and a number of other recent and important vegetable drugs.

The Heart and its Diseases, including the Gouty Heart. By J. Milner Fothergill, M.D., etc. Second edition, with illustrations. Philadelphia, Lindsay & Blakiston, pp. 476.

Seven years have elapsed since the first edition of this work appeared; so, as was required, the present one is announced as "entirely rewritten." Dr. Fothergill is a remarkably fluent and agreeable writer, and as he is also a devoted student, his works have all attained considerable popularity. Without embodying much original research, they are excellent compendiums of the present state of knowledge on a subject. Such is the one before us. He commences with a hardly necessary discussion of the anatomy and physiology of the heart, and a recapitulation of the physical signs and objective symptoms of cardiac disease. The sphygmograph is explained in a section by Dr. Foster. Then follow the various organic diseases, hypertrophy and dilatation, endocarditis, valvulitis, muscular degenerations of sundry kinds, rupture, angina, etc. Pericarditis and the neurosal affections have each a chapter. Sixty-odd pages are devoted to the gouty heart. Aneurisms and malformations are then discussed, and the work closes with a chapter on the elements of prognosis in heart disease.

An interesting feature of the work is the prominence which the author gives to pointing out the connection of various heart diseases with others of the general system, sometimes as cause, sometimes as effect. Too frequently monographs omit these most important relations.

The work is neatly illustrated and well printed.

THE

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D. G. BRINTON, M.D., EDITOR.

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SOME RECENT INSTRUMENTS OF PRECISION.

The increase in the number of the instruments of precision insures greater accuracy in the diagnosis of disease and in our appreciation of the physiological functions. It is gratifying, therefore, to note the attention which has recently been devoted to their perfecting, and we shall briefly describe the more important of the novelties in this department.

The Audiometer. This instrument was invented by Prof. Hughes. It is a combination of the telephone, a new form of microphonic key, and a Leclanché battery. By its means the power of hearing sounds can be accurately gauged and recorded on a suitable arbitrary scale. The one in use is divided into 200°, the zero being the point of positive silence from the sound produced by the instrument through the telephone, and the maximum being audible to every one not actually deaf. The first point observed with this new instrument is that the power of hearing sound is very sharply defined. The sound is abruptly lost within a range of one hundredth part of the entire scale, both when the person can hear audibly and when he is more or less deaf. If the sound is suddenly moved from 15 to 5 on the scale, the weaker sound is inaudible, though if the scale had been gradually moved the sound at 5° would have been easily heard. Filling the chest and holding the breath increases the capacity for hearing for a few seconds. Holding the breath with the chest not full does not produce the same result. Most persons hear better with the right ear than with the left, but physicians who have accustomed themselves to use the stethoscope with the left ear hear better with it than the right; and four persons who habitually listened to public discourses from the left side also heard better with the left ear.

The Sphygmophone. This was suggested by the above and invented by Dr. B. W. Richardson. In this apparatus the needle of a Pond's sphygmograph is made to traverse a metal or carbon plate, which is connected with the zinc pole of a Leclanché cell. To the metal stem of the sphygmograph is then attached one terminal of the telephone, the other terminal of the telephone being connected with the opposite pole of the battery. When the whole is ready the sphygmograph is brought into use, as if a tracing were about to be taken, and when the pulsation of the needle from the pulse strokes is secured, the needle, which previously was held back, is thrown over, so as to make its point just touch the metal or carbon plate, and to traverse the plate to and fro with each pulsation. In so moving, three sounds, one long and two short, are given out from the telephone, which sounds correspond with the first, second and third events of sphygmographic reading. In fact, the pulse talks telephonically, and so loudly that when two cells are used the sounds can be heard by an audience of several hundred people. By extending the telephone wires the sounds also can be conveyed long distances, so that a physician in his consulting room might listen to the heart or the pulse of a patient lying in bed (speaking modestly as to distance) a mile or two away.

The Phonoscope. This is a device of Dr. Stein,

and is described and figured in the *Vierteljahrschrift der Artzlichen Polytechnik* for April. It is a small microphone, which is inserted in the clasp of a sound, and which, by connection with a telephone, renders audible all impressions which are required for diagnostic purposes. Thus it can be placed in a stethoscope, and thus define with great precision the cardiac and pulmonary sounds.

The Algesimeter. Such is the name applied by Dr. Björnström, of Upsala, to an apparatus he has devised for noting the sensation of pain or the sensibility of the nerve-fibers. It defines the point at which pressure is felt, not merely as such, but as painful, and measures this pressure in numbers. The pressure is exercised by pinching the skin, and hence the instrument may be used on all parts of the surface. It is composed of two slips of steel, one non-elastic, bearing at its end a dial plate and needle; the other, attached to the first slip, elastic, and approaching the first the closer as they are compressed at the free extremity, indicating this approach by the movement of the needle. When a portion of skin is caught and pressed between the two ends, the point where the compression becomes painful is noted on the indicator, and thus a means of compression is afforded in cases of sensory paralysis, etc., more exact than by any means that has hitherto been suggested.

Notes and Comments.

Therapeutical Notes.

PYROGALLIC ACID IN EPITHELIOMA.

Prof. Kaposi, of Vienna, has used strong pyrogallic acid as a caustic, and claims that its action is quite painless. In cases of epithelioma of the face, it was found to remove the diseased portions of tissue as thoroughly as arsenical paste, and did not affect the sound parts.

CHLORATE OF POTASSA IN CYSTITIS.

The value of this drug in chronic cystitis has been again emphasized by Dr. Zuccarelli, of Paris, in a recent thesis. It is by no means infallible, but it will always clear the turbid urine, soothe the pains, and stimulate the muscular contractions of the bladder. Even in cases where it does not induce a rapid and complete recovery, it will prove useful in affording the physician an opportunity of introducing a little variety into his treatment of cystitis. In some very serious cases, where the usual remedies had failed to afford relief, chlorate of potassa has been known to give good results. It is administered in two different ways, viz., by the mouth in very high doses; patients easily take 30 grams of it or more, only the precaution must be observed of giving the salt at meal times. The other method consists in injecting it directly into the bladder, beginning with a weak solution of 1.100, and gradually increasing the dose.

NIGHT SWEATS IN PHTHISIS.

Dr. Q. C. Smith recommends, as very efficient—

℞. Zinci oxidi, gr.j
Acidi pyrogallici, gr.ij
Sulph. atropiæ, gr.$\frac{1}{100}$. M.

Sig.—For one pill. Dose i–ij, thrice daily.

EUCALYPTUS IN CHRONIC RHEUMATISM.

In this troublesome disease, Dr. H. Gibbons, Sr., of San Francisco, says that much benefit has been derived, in some instances, by wrapping up the knee, or ankle, or foot, with eucalyptus leaves, renewing them daily for a week or more. These leaves are an active stimulant to the surface, and will produce vesication if their use be long continued.

GELSEMIUM IN GONORRHŒA.

In the *Western Lancet*, Dr. J. Sullivan extols gelsemium as an unfailing remedy in the early stage of acute gonorrhœa. The fluid extract should be given four times a day, after meals and at bedtime, beginning with six or eight drops and increasing two drops every dose up to twenty drops, or until the patient experiences the peculiar intoxication, when it should be continued in smaller doses, as much as can be easily tolerated, for a few days, or till the discharge becomes lighter and disappears. An eighth of a grain of morphia is sometimes advantageously added to each dose. Saline purgatives, rest and abstinence, are essential parts of the treatment. After the acute stage has passed, copaiba and the oil of sandal wood will soon complete the cure.

Nausea in Pregnancy in the Lower Animals.

Dr. G. Law, of Colorado, sends us the following curious observation:—

"My brother, engaged in wool growing in our State, has a choice shepherd bitch, from which he breeds dogs for herding purposes. This animal, during all of her now three pregnancies, has for a considerable portion of each period manifested all the symptoms of pregnant sickness, nausea and vomiting after eating."

Poisoning by Mushrooms and Toadstools.

The narcotic and acid poison in these fungi is an alkaloid, called musarin or amanitin. It is very virulent. On Sept. 1st, at Elizabeth, N. J., a family of four children and their two parents ate some poisonous mushrooms; the parents were ill, but recovered; the children died. Mr. Palmer, of Boston, has an article on the subject in the Boston *Medical and Surgical Journal*, Aug. 28th. We have several times called attention to the assertion of Prof. Schiff, that the alkaloids of stramonium and belladonna, especially daturine, are efficient antidotes, and in Italy are kept chiefly for this purpose by apothecaries. Mr. Palmer desires the experiences of physicians on this form of poisoning. Muscarin diminishes blood pressure, partly by action on the heart, and also by dilating the blood vessels—also causes strong contraction of the intestines and bladder. It has been given therapeutically in doses of $\frac{1}{20}$ to $\frac{1}{10}$ of a grain; about half an hour after giving a dose we have profuse perspiration, contraction of the pupils, purgation, slight nausea and a desire to urinate.

Courage Comes by Degrees.

It is gratifying to announce that at least one medical journal, to wit, the *Medical Record*, has finally summoned up sufficient courage to intimate that if "some efficient system" of regulating prostitution is found, it would be well to adopt it. This is quite as much as can be asked at present. We presume that that estimable journal will agree to the truism that if no system is ever inaugurated, the "efficient" one will hardly be discovered. The *Record* at present seems to occupy the position of the old lady who forbade her boy going into the water until he had learned to swim! In attributing to us the wish to introduce the British Contagious Diseases Acts in their purest form, it is, however, in error; but we are strongly of the opinion that they would serve as an excellent model on which to begin legislation in limited districts.

Instantaneous Urticaria.

A curious case of what might receive this name is reported from Paris, in the clinic of M. Dujardin-Beaumetz. It was of a woman in whom the slightest contact gives rise to an urticarious eruption. Upon tracing his name upon her thigh the letters immediately appear in red relief, and this is accompanied by a local rise of from 1 to 2° in the temperature. There is complete anæsthesia of the whole body. Those who have studied the occult sciences know that this last symptom used to be a mark of demoniacal possession, and it will be remembered that the mother superior of the bewitched convent of London could produce on her arms the raised names of the devils who infested her body. A few years ago the spirtualists of Toronto used to communicate with their departed friends by the same means, through the arm of a servant girl of that city, and the medium, Foster, well known in Philadelphia and New York, can surprise his audiences with the same phenomenon, as we have been informed by eye witnesses.

The Radical Cure of Hernia.

The two latest surgical authors of this city, Drs. Agnew and Ashhurst, both speak unfavorably of the radical treatment of hernia. But apparently neither ever tried or witnessed the method advocated by Heaton in this country and Schwalbe in Germany. This is by injecting the substance of the rings so as to bring about adhesive inflammation. For this purpose Heaton uses extract of oak bark (see Napheys' *Surgical Therapeutics*, sixth ed.), while Schwalbe commends ethylic alcohol. In No. 61, 1879, of the *Algm. Med. Zeitung*, he gives a further and full account, both of his own experience and that of other surgeons who have tried the plan. The results are very favorable. We have previously described his method in the Reporter, but desire again to call attention to it.

A Sanitary Genius Wanted.

There is as wide a field in sanitary science for the efforts of genius as in any other direction. This is well illustrated by some remarks in a late number of the *Scientific American*. A writer says—

"Captain Eads has shown how the Mississippi can be entirely freed from the physical barriers which have hitherto impeded the commercial development of that noble water-way. But, however perfect the channel, commerce will not adopt a route liable to annual interruption by pestilence. Trade cannot brook diversion or delay. No more will it subject itself to liability to interruption. Of greater importance even than thirty feet of water is freedom from sanitary risks. Sand bars are but negatively harmful; pestilence is positive. The Mississippi must be made as healthy as the Hudson before its commercial possibilities will begin to be developed. Sanitary science must complete the work which engineering has begun. The great need of the Mississippi valley, commercially as well as socially, is a sanitary Eads. May he come speedily."

It is cheering to see the growing appreciation

of sanitary science which such remarks indicate. It cannot be too pointedly enforced on the public and on public men, that good health is at the foundation of all personal and national prosperity.

Prognosis in Smallpox.

In describing a case of smallpox, in the *Canadian Journal of Medical Science*, Dr. A. A. Riddell remarks—

Permit me to observe that where passive congestion sets in previous to the appearance of the eruption, in perfectly confluent cases, I have found that they invariably terminate fatally. I do not know whether this has been the experience of others who have had much to do with the disease. From what I have seen, I feel disposed to put them down as truly malignant, and I think I would not be altogether unwarranted in so doing. A fatal issue has generally supervened when this form of congestion has followed the appearance of the eruption in badly confluent cases. The blood, highly charged with the virus, seems to course very slowly through the vessels, and gradually to fill up the capillaries of the lungs. Position has little, if anything, to do with the production of this condition.

A New Anthelmintic.

In the *Cron. Med. Chirurg. de la Havana*, Dr. Lemos speaks of a plant known in Buenos Ayres as Albahaca, botanically the *Ocinum basilicum*, as a most efficient anthelmintic, superior to santonin, kousso or kameela. It has no poisonous effects whatever, excessive doses merely purging slightly. The ordinary dose is fifty grams of the juice, followed after two hours by a laxative.

Such is the story, as quoted with emphasis in the *Allg. Med. Zeitung*, of Berlin, July 26th. Now, if the *Ocimum basilicum* is meant, as no doubt it is, this is the ordinary "common basil," or "sweet basil," familiar as an aromatic, stimulant and nervine, but not as an anthelmintic. We await further developments, but suspect Dr. Lemos is the author or victim of a "sell."

Rules for the Examination of Seamen.

The disabilities which disqualify a seaman from going on active duty are stated by the U. S. Marine Hospital Service to be the loss of an arm or leg, defective vision, color blindness, epilepsy, mental unsoundness, hernia, piles, fistulæ, varicose veins, serious organic disease, habitual drunkenness, the existence of venereal disease, marked want of development, weakness of the body, or deformity. Any of these should cause the rejection of a seaman desiring to ship.

Tape Worms in Eggs.

Various instances have been recorded of the discovery in hen's eggs of minute specimens of the *distoma ovatum*. They appear like a small speck, the size of a millet seed or a pin's head. It is believed by helminthologists that these will develop into one of the varieties of tape worm, and it is wise, therefore, to take eggs hard boiled or otherwise well cooked. A writer in one of the late numbers of *Nature* cites several instances where these parasitic bodies have been found.

CORRESPONDENCE.

Sewer Gas and Typhoid Fever.

ED. MED. AND SURG. REPORTER:—

The MEDICAL AND SURGICAL REPORTER has so wide a circulation throughout the country that I would not like anything to appear upon its pages that might create an erroneous impression in regard to my views, as set forth in my recent lecture upon the subject of "Sewer Gas, in Relation to Typhoid Fever," and read before the College of Physicians. The inquietude, anxiety, and alarm in the public mind, caused by the declaration that sewer gas was the most common and potent cause of typhoid fever in Philadelphia, was the principal motive for writing the lecture, and the main proposition of the paper is, that this declaration is in direct antagonism with the experience of those who have had most to do with typhoid fever, and is not supported by the returns from the Board of Health. Whether or not this proposition has been successfully sustained by the writer must be decided by those of the profession whose experience and mental capacity best qualify them for this purpose. The lecture contains nothing essentially new, and is merely a concise statement of what has long ago been recorded in the works of some of the most prominent members of the profession, and is fully in accord with my actual experience. The question of the possibility of sewer gas being, at any time, a cause, direct or indirect, of a certain proportion of typhoid fever, is not touched upon in the lecture, and a discussion of this point would, in its very nature, have been wide, discursive, and in the present status of professional opinion, inconsequent. As to the experiments of the redoubtable Dr. Rudolf Emmerich upon his still more redoubtable stomach, and those of his companions, it can only be said that they simply show that individuals are to be found whose digestive organs and imagination are proof against every assault. The writer trusts that "New Revelations in Sanitary Science" may be applied, in this instance, exclusively to the experiments of Dr. Emmerich.

GEO. HAMILTON, M.D.

Philada., Sept. 8th, 1879.

Belladonna in the Treatment of Strangulated Femoral Hernia.

ED. MED. AND SURG. REPORTER:—

On the 15th of June, 1879, I was called to see Ike Thompson, aged twenty-seven, suffering intensely from a recent strangulated femoral hernia. It had developed a few hours previously, when lifting a heavy log of wood. All efforts at reduction by taxis, with aid of position and chloroform, failed; and the tumor had become so exquisitely painful that I concluded to operate as soon as possible. It being night, I secured the assistance of Dr. Visart for the next morning. In the meanwhile I directed him to take one grain of the alcoholic extract of belladonna every hour until ten doses were taken. I also fixed the patient immovably on a hard mattress, elevated his shoulders and pelvis, rotated his limbs inward, flexed them on the body, and applied a strip of Seabury & Johnson's Belladonna plaster, in rubber combination, firmly over the tumor, and for six inches above and below, drawing the integument strongly in the direction of the hernia. About midway between midnight and daylight "the thing slipped back," as the man described it, suddenly and very perceptibly, greatly to the relief of the patient, and, I confess, somewhat to my surprise. I attribute the result more to the local influence of the belladonna plaster than to anything else done. The plaster used was made by Seabury & Johnson, of New York, and in addition to its remarkable adhesive property, it contains more belladonna than any other I ever saw, as evinced by the powerful odor. Indeed, although I have been extensively engaged in the practice of surgery for twelve years, I do not see how I have managed to get along without the various plasters manufactured by Seabury & Johnson. Their isinglass and adhesive plasters, in rubber combination, are incomparably superior to all others I have ever used, in elegance, utility and durability. In fact, they are simply perfection, and every surgeon owes them a debt of gratitude, which I, for one, hereby acknowledge, as I see they are advertised in this journal, to which fact I am indebted for a knowledge of their existence.

DeWitt, Ark. J. B. GARRISON, M.D.

The Decimal and Metric System.

ED. MED. AND SURG. REPORTER:—

I was much pleased with Dr. C. H. Merrick's article on the metrical, or better, the decimal system, in a late number of the REPORTER. I, too, have adopted it, and find it so handy and simple, and withal, as much or more in its favor over the old system of grains, drachms, etc., as the United States notation of money is superior to the English system. I did not know, nor even did I think, there could be such an advantage in using the decimal system, until I read Dr. Princes' article in the *American Practitioner*. He there made it so plain to me that I resolved to adopt it, and thereby take another step toward progress and to be up to the times. He there says: "Any physician who writes prescriptions and wishes to adopt the metric system, has only to furnish his apothecary with a table of approximate equivalents. The simplicity of the scheme makes it easy to begin the use of the system without having the metric weights and measures. The dispensing chemist, with a table before him, can readily translate from the metric denomination into the apothecary's weights and measures." I then took the time and wrote out for my apothecary a table of approximate equivalents. The first thing was to make him understand that one gram was equal to fifteen grains, or one quarter of a drachm, and that .06 was equal to one grain. This done, the difficulty was about over, and I began at once to write my prescriptions in the decimal system, and, of course, compelled him to learn the new system. For, as Dr. Prince well says, "No apothecary will send a prescription to a competitor if he can translate it." As Horace Greeley said of resumption, "the way to resume is to resume," and, of course, the way to learn and to use the decimal system is to begin at once and use it. "For the habitual routinist," says Dr. Prince, "one mode is as good as another, once having been committed to memory; but for one who thinks of the powers and relations of his remedies, the advantages of the new system only need to be studied to be appreciated."

The relations, as to proportion, cannot readily be perceived, in the old system, without first reducing each separate quantity to grains; but in the new system there is no changing to do, for the relations show themselves on the face of the prescription. As an example, I take a few from the file:—

			Grams.	
R.	Sacchar. alb.,			
	Gum acaciæ,	āā	16.	
	Ol. terebinth,		12.	
	Tr. opii,		4.	
	Aquæ camph, q.s. ad. cc.		128.	M.

SIG.—Teaspoonful every four hours.

The eye readily catches the proportion; for, dividing by 4, there is no remainder. In the old, it would stand as follows:—

R.	Sacchar. alb.,			
	Gum acaciæ,	āā	℥ ss	
	Ol. terebinth,		f. ʒ iij	
	Tr. opii,		f. ʒ j	
	Aquæ camph, q.s. ad,		f. ʒ iv.	

A conglomeration of expressants.

Again—

		Grams.	Old.	
R.	Strych. sulph.,	.06	gr. j	
	Tr. digital.,	12.	f. ʒ iij	
	Tr. gentianæ,	16.	f. ʒ ss	
	Sp. eth. nit.,	32.	f. ʒ ij	
	Aquæ destil., q.s.,	128.	f. ʒ iv.	M.

SIG.—Teaspoonful three times daily.

Still more mixed up and hard to be grasped is this one in the old.

As I have said a great deal more, probably, than is said well, I will close the subject, to be agitated by more powerful minds, after asking a question, viz.: As the Convention for the revision of the United States Pharmacopœia is in session this summer, why would it not be the thing for the committee on that part of the work

to change the Pharmacopœia so as to read in the decimal system altogether. As that would be our authority, it would compel all druggists to learn the new system, and to provide themselves with weights, and thus put a stop to the whole discussion.

J. J. CONNOR, M.D.

Palmer, Ill., Aug. 29, 1879.

A Diagnostic Suggestion.

ED. MED. AND SURG. REPORTER:—

In your issue of June 21st is an article, entitled "A Startling Case." The author (who withholds his name) gives us the details of the opening of a psoas abscess, and asks for the opinions of others as to the propriety of the procedure in this case. The danger in opening large cold abscesses, contemplated by Gross and others, is the exposure of the large suppurating surface to atmospheric air, after the pus has been evacuated. It is indeed a unique experience to observe the air rushing into an abscess before the exit of the pus. It presupposes the existence of a vacuum, which is altogether out of the question in psoas or any other variety of abscess. Probably if the doctors had used, instead of the "blister," a little judicious taxis, the "abscess" would have disappeared, and with it all the pain, heat and swelling. Afterward a properly adjusted *truss* would have been useful as a "prophylactic." The "frater medicus" was fortunate that his bistoury made so small an opening. The gut was just punctured, and the gush of air was *outward*, not inward, and "Deta" must have been suffering under a *cold in the head*, or he would have diagnosed the abscess by its odor. S. M. H.

Monmouth, Warren Co., Ill.

A Case of Congenital Hydrocephalus.

ED. MED. AND SURG. REPORTER:—

On Sunday, August 20th, 1877, at nine o'clock P.M., I was called to see the following case, with Dr. C. A. Blount, of this place: The patient, Mrs. H. R., a stout, robust lady, was in her second confinement. When I arrived she had been in labor thirty-six hours. Dr. Blount, her family physician, had been called the day before to attend her. On his arrival he found, on examination, the os very dilatable and labor pains progressing at short intervals. As the patient's previous labor was not at all protracted, a lengthy labor was hardly anticipated. The first stage of labor continued for some hours, when the os was largely dilated and the distended membranes protruding into the vagina. The labor pains had all the time been hard and sufficiently frequent. Dr. Blount had, some time before my arrival, ruptured the membranes, which contained an excessive amount of liquor amnii. The labor pains still continued hard, but the uterus was unable to expel its contents. On further examination, we found the fœtal head, which we had previously diagnosed our presentation, but not without considerable difficulty, to be wholly unable to engage in the superior strait of the pelvis. We at this time diagnosed our case one of hydrocephalus, and as our patient's strength was becoming rapidly exhausted, and the fœtal heart was no longer audible, we concluded to administer chloroform and perform craniotomy. Dr. Blount perforated the fœtal head with Meigs' perforator, when our diagnosis was confirmed by the escape of four quarts, as near as we could approximate, of fluid, containing particles of the brain substance. The fœtal head now collapsed, when, with the craniotomy forceps, we easily delivered the body of a female child, weighing eight pounds, which possessed a large spina bifida in the lumbo-sacral region. The mother made a good and rapid recovery. In the case reported by Dr. Irwin, in the REPORTER of August 9th, his presentation was a breech, and was not diagnosed as one of hydrocephalus until the body of the child was born. Decapitation was the only operation which could be performed with any degree of safety to the mother. All cases of hydrocephalus, however, are not breech presentations, and decapitation in such cases would be useless to think of.

JOSEPH N. STUDY, M.D.

Hagerstown, Ind., August 22*d*, 1879.

NEWS AND MISCELLANY.

The Yellow Fever.

The epidemic still continues its ravages, from twenty to thirty new cases being reported daily in Memphis, although the population of the city is so much reduced. On September 4th the Howard Association made an appeal to other cities for aid. The Memphis *Avalanche* frankly said that the city did not deserve assistance, because it had so neglected its sanitary condition. But the President of the Association reports a general willingness to assist.

Personal.

—M. Chevreul, now in his 93d year, began his usual course of lectures on organic chemistry at the Museum of Natural History, Paris, on June 10th.

—A gentleman writes from Edinburgh that the newly appointed Professor of Botany, Dr. Dickson, has a class of 450. The lecture room being quite inadequate to accommodate such a class, Professor Dickson is obliged to give two lectures a day.

—Dr. Oliver Wendell Holmes, in spite of his seventy years, is incessantly busy. He writes as much as ever, and is as interested in his duties at the Medical School. It is hinted that he intends to publish another volume.

—Dr. Luke P. Blackburn, of Louisville, was elected Governor of Kentucky, September 2d. He was charged during the canvass with being the physician of the same name and surname who, during the civil war, endeavored to infect Northern cities by shipping to them the clothes and bedding of yellow fever patients. This charge he neither denied nor confessed, declining to make any reference to it.

The Native Japanese Surgeons.

Dr. T. A. Palm, of the medical mission, Nugata, Japan, writes of the native practitioners there—

Some serious operations have been undertaken in the country, and the patients left in their charge. They have been instructed in the principles and practice of antiseptic surgery, but in some places have failed to carry it out. They are intelligent and fairly educated men, as a rule, that I have to coöperate with, and are anxious to improve in their profession. They have lately formed a society for the discussion of medical subjects and mutual improvement, and have requested me to preside over their meeting once a month, and give them a lecture on some medical subject. I have arranged to do so.

Items.

—At the annual meeting of the Adams County Medical Association, held in Gettysburg, Tuesday, September 2d, 1879, the following officers were elected to serve the coming year, 1879–1880: President, Dr. Isaac W. Pearson, of York Springs Borough. Vice Presidents, Dr. J. D. Weddelle, Bigler, P. O., Middletown, Adams Co., Pa.; Dr. J. M. Radebaugh, Gettysburg. Corresponding Secretary, J. W. C. O'Neal, M.D., Gettysburg, Pa. Recording Secretary, Dr. J. E. Gilbert, Gettysburg. Treasurer, Dr. E. W. Mumma, Bendersville.

—Not a single fatal case of trichinosis has ever been reported in England, although we export quantities of trichinous pork to that country. The reason probably is that the English like their rashers well cooked, while the Germans prefer theirs raw.

—A son of Thomas Sanford, of Farmersville, Collin county, Texas, died on August 19th, from hydrophobia. He was bitten by a pup, the mother of which had been bitten by a mad dog before the pup was born.

—The mortality in the famous new mining town, Leadville, Col., is very high. There are already more than two thousand graves in the cemetery. Pneumonia is the prevalent disease, and is said to be "sure death".

OBITUARY NOTICES.

—The Nestor of American medical journalists, Dr. J. V. C. Smith, died at Richmond, Mass., Aug. 20th, aged 79 years. In 1823 he started the *Medical Intelligencer*, the first medical weekly in this country. Up to 1856 he was editor of the Boston *Medical and Surgical Journal*, and later edited the *Medical World*. He was at one time Mayor of Boston, and, though never giving much attention to practice, was a remarkably well read physician. During the war he was Acting Inspector General at New Orleans. He also occupied at times the chair of anatomy in the Berkshire Medical College and the New York Medical College. As an author, in 1849 Dr. Smith published his work on the "Natural History of the Fishes of New England," and his exhaustive treatise on the "Anatomy and Physiology of the Eye." In this work, for a revised edition of which he had just arranged at the time of his death, Dr. Smith traces the development of vision in the animal kingdom, from the first crude optical organs of the invertebrates to the highly complex eye of the human family, marking each successive step of progress, and showing the relations of the simpler to the more complicated structure of vision.

—The Chicago *Tribune* records the death in that city, on August 29th, of Miss Sibelia F. Baker, M. D., a lady widely known there by reason of her recognized standing in the medical profession and her identification with numerous charitable and reformatory enterprises. The *Tribune* says that death in her case has cut short a career of usefulness and fame, and one which promised to demonstrate notably the possibilities of success to a self-made, self-reliant woman. In Vol. XXXVI of the MEDICAL AND SURGICAL REPORTER there appeared a well written article by her, on "Morbid Retention of the Dead Ovum."

QUERIES AND REPLIES.

Dr. J. C., of N. J., also challenges the statement of Dr. Simpson (page 169). Dr. "J. C." will observe that we did not guarantee this statement, because personally we know nothing about it; we do, however, consider it quite as likely as that Dr. Babcock, in over 400 cases, did not see a dozen of rigidity. Of course, the discussion can be made to turn on the meaning of words. Prof M. B. Wright, of Cincinnati, teaches that there is no such thing as rigid os!

Dr. W. M. D., of Texas.—Take it for certain that *all* opium antidotes are humbugs. They generally are simply disguised solutions of morphia.

Gumma.—Kerosene is no novelty in chronic rheumatism. Dr. Kemp (*British Medical Journal*, May 18th, 1872) states that several cases have lately come under his notice in which the internal administration of kerosene, a teaspoonful in water every other night, has had the most marked effect on this disease.

Dr. F. G., of Pa.—We do not care to publish many accounts of fasting girls, sleeping girls, snakes in the stomach, or popular cures of hydrophobia. There is no intellectual nourishment in any of these. Thanks to you, all the same.

Duval.—The original formula of Ricord's abortant injection in gonorrhœa is—

℞. Crystallized silver nitrate, 50 centigrams
Distilled water, 100 grams.

Most writers agree that its employment is risky and unadvisable.

Secretary.—We shall always be glad to receive and publish abstracts of the proceedings of all regular medical societies, when of general interest, and shall thank you and others to furnish them. Extra copies of the number containing the proceedings will be supplied *gratis* to all members.

DEATHS.

HARDY.—In Cornish Flat, August 8th, Dr. Samuel Hardy, aged 74 years.

PORTER.—In New York City, on the 14th ultimo, Horace T. Porter, M.D., in his 32d year.

WRIGHT.—In Cincinnati, Ohio, on Friday evening, August 15th, 1879, at his residence, 357 West Eighth street, M. B. Wright, M.D.